

Children's Waiver  
Environmental/Vehicle Modification and Assistive/Adaptive Technology  
**PRE-PROJECT EVALUATION PAYMENT REQUEST FORM**

**Recipient Name:** \_\_\_\_\_ **Medicaid CIN:** \_\_\_\_\_

**Project Type:** (Check One) ☐ Assistive/Adaptive Technology ☐ Environmental Modification  
☐ Vehicle Modification

**Describe the proposed project/request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluator Information**

Evaluator Business Name: \_\_\_\_\_

Evaluator Contact Name: \_\_\_\_\_

Evaluator Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluation Information**

Type of Evaluation: \_\_\_\_\_

Pre-Project Evaluation Cost: \$ \_\_\_\_\_

Date of Pre-Project Evaluation: \_\_\_\_\_

Address of Pre-Project Evaluation: \_\_\_\_\_

**Evaluation Acknowledgement and Approval**

Name of HHCM/CYES: \_\_\_\_\_ CMA: \_\_\_\_\_

Signature of HHCM/C-YES: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **By checking this box, the LDSS confirms approval of this evaluation**

LDSS Representative Name: \_\_\_\_\_ County: \_\_\_\_\_

Signature of LDSS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSION** – Submit this form along with the pre-project evaluation and/or associated invoice(s) via secure email to [EModVModAT@health.ny.gov](mailto:EModVModAT@health.ny.gov). For FAQs and guidance, visit [here](#):